Complete if Known

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete If Known			
FEE TRANSMITTAL			cation Number	10/668,236		
for FY 2005			Date	September 24, 2003		
101 F1 2003			Named Inventor	Frederic Reblewski et al		
Applicant claims small entity status. See 37 CFR 1.27			iner Name	Ahn Q Tran		
TOTAL AMOUNT OF PAYMENT	(\$)250.00	Art U	nit	2819		DEMAN OF THE
TOTAL AMOUNT OF TATMLET	(ψ)200.00	Attorr	ney Docket No.	003921.00178		
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
Deposit Account Deposit Account Number: 19-0733  Deposit Account Name: Banner & Witcoff, LTD.						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						•
FILING FEES SEAF Small Entity			EES Small Entity	EXAMINATION FEES Small Entity		
Application Type Fee (\$)		ee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility 300		00	250	200	100	\$
Design 200	100	00	50	130	65	
Plant 200	100 30	00	150	160	80	
Reissue 300		00	250	600	300	<del></del>
Provisional 200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity						
Fee Description				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reis Each independent claim over 3 (inc				200	100	
Multiple dependent claims			360 18			180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee(\$)</u>			Fee Paid (\$)		Multiple Dependent Claims	
- 20 or HP= 12	x <u>50</u> =	\$			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)						
Indep. Claims Extra C		= \$	aiu (#)			
+ 3 of FIP = 2  HP = highest number of independent		•				
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = 0 / 50 = (round <b>up</b> to a whole number) x .00 =						
4. OTHER FEE(S) \$250.00						
Other (e.g., late filing surcharge): Terminal Disclaimer Fee (\$130) and Petition for Extension of Time Fee (\$120)						
SUBMITTED BY / . A						
Signature ()W:	- J. Hen I	lik	Registration No.	34,701	Telephone	202.824.3000
Name (Print/Type) William F. F	Rauchholz		(Attorney/Agent)	<u> </u>	Date	2/7/06

William F. Rauchholz

Name (Print/Type)